Fill in this information to identify your case:					
Debtor 1	Daniel Eduardo Montoya Zepeda				
Debtor 2 (Spouse, if filing)					
United States B	Sankruptcy Court for the: Western District of Virginia				
Case number (if known)	24-61289				

Check	Check as directed in lines 17 and 21:							
1	According to the calculations required by this Statement:							
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).							
•	Disposable income is determined under 11 U.S.C. § 1325(b)(3).							
	3. The commitment period is 3 years.							
	4. The commitment period is 5 years.							

■ Check if this is an amended filing

## Official Form 122C-1

# **Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period**

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

#### Part 1: Calculate Your Average Monthly Income 1. What is your marital and filing status? Check one only. □ Not married. Fill out Column A. lines 2-11. Married. Fill out both Columns A and B, lines 2-11. Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. Column B Column A Debtor 1 Debtor 2 or non-filing spouse Your gross wages, salary, tips, bonuses, overtime, and commissions (before all 0.00 7.611.05 payroll deductions). Alimony and maintenance payments. Do not include payments from a spouse if 0.00 0.00 Column B is filled in. 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments 0.00 0.00 you listed on line 3. 5. Net income from operating a business, Debtor 1 profession, or farm 0.00 Gross receipts (before all deductions) 0.00 Ordinary and necessary operating expenses 0.00 Copy here -> \$ 0.00 0.00 Net monthly income from a business, profession, or farm \$ 6. Net income from rental and other real property Debtor 1 5,362.95 Gross receipts (before all deductions) 0.00 Ordinary and necessary operating expenses Net monthly income from rental or other real 5,362.95 here -> \$ 0.00 5,362.95 property

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Case number (if known) 24-61289

**Daniel Eduardo Montoya Zepeda** 

Debtor 1

			Column Debtor		Column E Debtor 2 non-filing	or	<b>.</b>
7. <b>I</b>	nterest, dividends, and royalties		\$	0.00	\$	0.00	)
	Jnemployment compensation		\$	0.00	\$	0.00	 )
	Do not enter the amount if you contend that the amount receive he Social Security Act. Instead, list it here:	eived was a benefit unde	r				_
	For you\$	0.00					
	For your spouse \$	0.00					
t r l c	Pension or retirement income. Do not include any amount of the social Security Act. Also, except as stated not include any compensation, pension, pay, annuity, or allow Jnited States Government in connection with a disability, conditionally, or death of a member of the uniformed services. It is ability, or death of a member of the uniformed services. It is ability, or death of a member of the uniformed services. It is ability, or death of a member of the uniformed services. It is ability or death of a member of the uniformed services. It is ability or death of a member of the uniformed services. It is ability or death of a member of the uniformed services. It is ability or death of a member of the uniformed services. It is ability or death of a member of the uniformed services. It is a death of the uniformed services and the uniformed services are death of the uniformed services. It is a death of the uniformed services and the uniformed services are death of the uniformed services and the uniformed services are death of the uniformed services and the uniformed services are death of the uniformed services and the uniformed services are death of th	If in the next sentence, do owance paid by the ombat-related injury or if you received any retired only to the extent that it ald otherwise be entitled		0.00	\$	0.00	,
10. <b>I</b>	ncome from all other sources not listed above. Specify Do not include any benefits received under the Social Secule eceived as a victim of a war crime, a crime against humaniformestic terrorism; or compensation, pension, pay, annuity, United States Government in connection with a disability, or death of a member of the uniformed services. It is sources on a separate page and put the total below.	the source and amount. rity Act; payments ty, or international or , or allowance paid by the ombat-related injury or	e				_
			\$	0.00	\$	0.00	<u> </u>
			\$	0.00	\$	0.00	<u>)                                    </u>
	Total amounts from separate pages, if any.	+	- \$	0.00	\$	0.00	<u> </u>
	Calculate your total average monthly income. Add lines a each column. Then add the total for Column A to the total for Col	or Column B. \$	12,974.00	+_\$	0.00		12,974.00  Total average monthly income
12. <b>(</b>	Copy your total average monthly income from line 11.					\$	12,974.00
	You are not married. Fill in 0 below.						
	☐ You are married and your spouse is filing with you. Fill	in 0 below.					
i	You are married and your spouse is not filing with you.						
	Fill in the amount of the income listed in line 11, Colum dependents, such as payment of the spouse's tax liabi	nn B, that was NOT regu					
	Below, specify the basis for excluding this income and adjustments on a separate page.	the amount of income do	evoted to ea	ach purpos	se. If necessar	y, list ad	ditional
	If this adjustment does not apply, enter 0 below.	•					
		τφ					
	Total	\$ _	0	0.00	Copy here=>		0.00
14.	Your current monthly income. Subtract line 13 from line	12.				\$	12,974.00
15.	Calculate your current monthly income for the year. F	ollow these steps:					
	15a. Copy line 14 here=>	•				\$	12,974.00

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Debtor	Daniel Eduardo Montoya Zepeda			Case number (if known)	24-61289			
	Multiply line 15a by 12 (the number of months in a year).		n a year).			<b>X</b>	12	
	15	b. T	he result is your current monthly income for th	e year for this part of the	e form		\$_	155,688.00
16.	Calo	culate	e the median family income that applies to	you. Follow these steps	:			
	16a	. Fill i	n the state in which you live.	VA				
	16b.	. Fill i	n the number of people in your household.	4				
	16c.		n the median family income for your state and				\$_	141,414.00
		instr	ind a list of applicable median income amount uctions for this form. This list may also be ava					
17.	Hov	v do 1	the lines compare?					
	17a.	. [	Line 15b is less than or equal to line 16c. ( 11 U.S.C. § 1325(b)(3). <b>Go to Part 3.</b> Do N					
	17b.	. •	Line 15b is more than line 16c. On the top 1325(b)(3). <b>Go to Part 3 and fill out Calc</b> your current monthly income from line 14 a	ulation of Your Dispos				
Part	3:	Ca	alculate Your Commitment Period Under 11	U.S.C. § 1325(b)(4)				
18.	Сор	у уо	ur total average monthly income from line	11.		\$_		12,974.00
	cont spo	tend t use's	he marital adjustment if it applies. If you are hat calculating the commitment period under income, copy the amount from line 13.	11 U.S.C. § 1325(b)(4) a	s not filing with you, and you Illows you to deduct part of yo			0.00
	19a.	. If the	e marital adjustment does not apply, fill in 0 on	i line 19a.		<b>-</b> \$_		0.00
	19b.	. Sub	tract line 19a from line 18.				\$	12,974.00
20.	Cald	culate	e your current monthly income for the year	Follow these steps:				
	20a	. Сор	y line 19b				\$_	12,974.00
		Mult	iply by 12 (the number of months in a year).				<b>X</b>	12
	20b.	. The	result is your current monthly income for the y	ear for this part of the fo	orm		\$_	155,688.00
	20c.	. Сор	y the median family income for your state and	size of household from	line 16c		\$	141,414.00
	21.	How	do the lines compare?					
			Line 20b is less than line 20c. Unless otherw period is 3 years. Go to Part 4.	ise ordered by the court	, on the top of page 1 of this fo	orm, check bo	x 3, <i>T</i>	he commitment
			Line 20b is more than or equal to line 20c. Un commitment period is 5 years. Go to Part 4.	nless otherwise ordered	by the court, on the top of page	ge 1 of this for	m, ch	eck box 4, The
Part	4:	Si	gn Below					
	By s	signin	g here, under penalty of perjury I declare that	the information on this s	tatement and in any attachme	ents is true and	d corre	ect.
Χ	/s/	Dan	iel Eduardo Montoya Zepeda					
			Eduardo Montoya Zepeda re of Debtor 1					
	_	Fe_Fe	bruary 11, 2025					
	If yo		/I / DD / YYYY ecked 17a, do NOT fill out or file Form 122C-2					
	-		ecked 17b. fill out Form 122C-2 and file it with		hat form, copy your current m	onthly income	from	line 14 above

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Debtor 1 Daniel Eduardo Montoya Zepeda Case number (if known) 24-61289

Fill in this information to identify your case:					
Debtor 1 Daniel Eduardo Montoya Zepeda					
Debtor 2 (Spouse, if filing	Debtor 2 (Spouse, if filing)				
United States B	United States Bankruptcy Court for the: Western District of Virginia				
Case number (if known)	24-61289				

■ Check if this is an amended filing

Official Form 122C-2

## **Chapter 13 Calculation of Your Disposable Income**

04/22

To fill out this form, you will need your completed copy of Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period (Official Form 122C-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form, Include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known).

Part 1:

**Calculate Your Deductions from Your Income** 

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 122C–1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 122C–1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

4

**National Standards** 

You must use the IRS National Standards to answer the questions in lines 6-7.

6. **Food, clothing, and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

\$ 2,027.00

7. **Out-of-pocket health care allowance:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health car costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

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**Daniel Eduardo Montoya Zepeda** 24-61289 Debtor 1 Case number (if known) People who are under 65 years of age 7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65 4 7c. Subtotal. Multiply line 7a by line 7b. 332.00 Copy here=> 332.00 People who are 65 years of age or older 7d. Out-of-pocket health care allowance per person 158 7e. Number of people who are 65 or older 0 7f. Subtotal. Multiply line 7d by line 7e. 0.00 0.00 Copy here=> 7g. Total. Add line 7c and line 7f 332.00 332.00 Copy total here=> Local Standards You must use the IRS Local Standards to answer the guestions in lines 8-15. Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts: Housing and utilities - Insurance and operating expenses Housing and utilities - Mortgage or rent expenses To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill 831.00 in the dollar amount listed for your county for insurance and operating expenses. Housing and utilities - Mortgage or rent expenses: 9a. Using the number of people you entered in line 5, fill in the dollar amount 1,923.00 listed for your county for mortgage or rent expenses. 9b. Total average monthly payment for all mortgages and other debts secured by your home. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60. Name of the creditor Average monthly payment -NONE-Сору Repeat this amount 0.00 0.00 9b. Total average monthly payment here=> on line 33a. 9c. Net mortgage or rent expense. Subtract line 9b (total average monthly payment) from line 9a (mortgage Copy 1,923.00 1,923.00 or rent expense). If this number is less than \$0, enter \$0. here=> 10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and 0.00 affects the calculation of your monthly expenses, fill in any additional amount you claim. Explain why:

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24-61289

Case number (if known)

**Daniel Eduardo Montoya Zepeda** 11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense. ☐ 0. Go to line 14. 1. Go to line 12. 2 or more. Go to line 12. 12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the 301.00 operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area. 13. Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles. Vehicle 1 **Describe Vehicle 1:** 13a. Ownership or leasing costs using IRS Local Standard..... 0.00 13b. Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles. To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Average monthly Name of each creditor for Vehicle 1 payment -NONE-Repeat this Copy amount on Total Average Monthly Payment 0.00 0.00 here => Copy net 13c. Net Vehicle 1 ownership or lease expense Vehicle 1 Subtract line 13b from line 13a. if this number is less than \$0, enter \$0. ..... expense here 0.00 0.00 Vehicle 2 Describe Vehicle 2: 13d. Ownership or leasing costs using IRS Local Standard..... 0.00 13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles. Name of each creditor for Vehicle 2 Average monthly payment Copy Repeat this here amount on line Total average monthly payment 0.00 13f. Net Vehicle 2 ownership or lease expense Copy net Vehicle 2 Subtract line 13e from line 13d. if this number is less than \$0, enter \$0. ..... expense here 0.00 0.00 14. Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the 0.00 Public Transportation expense allowance regardless of whether you use public transportation. 15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may 0.00 not claim more than the IRS Local Standard for Public Transportation.

Debtor 1

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Debtor 1 Daniel Eduardo Montoya Zepeda Case number (if known) 24-61289

Other Necessary I		addition to the expense of following IRS categories		listed above	, you are allowed your monthly expense	es for	
self-employme your pay for th and subtract t	6. Taxes: The total monthly amount that you will actually pay for federal, state and local taxes, such as income taxes self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 1 and subtract that number from the total monthly amount that is withheld to pay for taxes. Do not include real estate, sales, or use taxes.						
	eductions: The tunion dues, and u		uctions tha	at your job re	quires, such as retirement		
Do not include	amounts that are	e not required by your jo	b, such as	voluntary 40	1(k) contributions or payroll savings.	\$	0.00
filing together, Do not include	include payment	s that you make for your insurance on your depe	spouse's	term life insu	e insurance. If two married people are rance. spouse's life insurance, or for any form	\$	67.42
					by the order of a court or		
		spousal or child support st due obligations for spe			You will list these obligations in line 35.	\$	0.00
	. , .	mount that you pay for e		• • •	ŭ		
_	ion for your job, o				•		
for your ph	ysically or mental	ly challenged dependen	t child if no	public educ	ation is available for similar services.	\$	0.00
	•	, , ,	-	•	sitting, daycare, nursery, and preschool	\$	0.00
that is require	<ol> <li>Do not include payments for any elementary or secondary school education.</li> <li>Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.</li> </ol>						0.00
for you and you phone service income, if it is Do not include	ur dependents, s , to the extent neo not reimbursed b payments for ba	uch as pagers, call waiti cessary for your health a y your employer. sic home telephone, inte	ng, caller ind welfare	dentification, e or that of yo	you pay for telecommunication services special long distance, or business cell our dependents or for the production of rvice. Do not include self-employment ount you previously deducted.	+\$	0.00
24. Add all of the Add lines 6 th		ed under the IRS expe	nse allow	ances.		\$	6,169.10
Additional Expens		These are additional d					
	ability insurance,				ises. The monthly expenses for health ly necessary for yourself, your spouse,	or	
Health insurar	ice		\$	0.00			
Disability insu	rance		\$	0.00			
Health saving	account	•	\$	0.00			
Total			\$	0.00	Copy total here=>	\$	0.00
	y spend this total ow much do you a				J		
Yes			\$				
continue to pa your househol	y for the reasonal d or member of y	ble and necessary care	and suppo o is unabl	ort of an elder e to pay for s	e actual monthly expenses that you wil ly, chronically ill, or disabled member o uch expenses. These expenses may 29A(b)		300.00
		ence. The reasonably n	ecessary i	monthly expe	nses that you incur to maintain the		·
	and your family ur				es Act or other federal laws that apply.		

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btor 1	Daniel Eduardo Montoya Zepeda		Case number (if know	vn) <b>24</b>	-61289	1		
	Additional home energy costs. Your homine 8.	e energy costs are included in your insu	rance and operati	ng expen	ses on			
	If you believe that you have home energy on the fill in the excess amount of home energy of the fill in the excess amount of home energy of the fill in the excess amount of home energy of the fill in the excess amount of home energy of the fill in the excess amount of home energy of the fill in the excess amount of home energy of the fill in the excess amount of home energy of the fill in the excess amount of home energy of the fill in the excess amount of home energy of the fill in the excess amount of home energy of the fill in the excess amount of home energy of the fill in the excess amount of home energy of the fill in the excess amount of home energy of the fill in the excess amount of home energy of the fill in the excess amount of home energy of the fill in the excess amount of home energy of the fill in the excess amount of home energy of the fill in the excess amount of home energy of the fill in the excess amount of the fill in the excess and the fill in the excess amount of the		costs included in	expense	es on lin	е		
	You must give your case trustee document amount claimed is reasonable and necessa		nust show that the	addition	al	\$		0.00
:	Education expenses for dependent child \$189.58* per child) that you pay for your depublic elementary or secondary school.	Iren who are younger than 18. The mo pendent children who are younger than	nthly expenses (n 18 years old to att	ot more t end a pri	han vate or			
	You must give your case trustee document claimed is reasonable and necessary and r		nust explain why t	ne amoui	nt			
,	Subject to adjustment on 4/01/25, and ev	ery 3 years after that for cases begun on	or after the date of	of adjustn	nent.	\$		0.00
l	Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.							
	To find a chart showing the maximum addinstructions for this form. This chart may also			parate				
,	You must show that the additional amount	claimed is reasonable and necessary.				\$		0.00
	Continuing charitable contributions. The nstruments to a religious or charitable organizations.		ute in the form of	cash or fi	nancial			
1	Do not include any amount more than 15%	of your gross monthly income.				\$		0.00
	Add all of the additional expense deduc Add lines 25 through 31.	tions.				\$_	300.	.00
Dedu	ctions for Debt Payment							
33. <b>F</b>	or debts that are secured by an interest	in property that you own, including ho	ome mortgages,	vehicle				
	eans, and other secured debt, fill in lines	_						
	o calculate the total average monthly paym reditor in the 60 months after you file for ba		lly due to each sed	cured				
	Mortgages on your home						age monthly	,
33a.	Copy line 9b here				=>	payn \$	0.0	10
	Loans on your first two vehicles					<u> </u>	0.0	
22h	•					¢	0.0	
33b.	Copy line 13b here				=>	<b>a</b>	0.0	
33c.	Copy line 13e here				=>	\$	0.0	0
33d.	List other secured debts:							
Name	e of each creditor for other secured debt	Identify property that secures the debr	i	Does pay nclude ta or insurar	axes			
				J No	100.			
	-NONE-							
	-NONE-			☐ Yes		\$		_
			1	□ No				
			I	□ Yes		\$		
				□ No				
				_				
				☐ Yes	+	\$		
00	Total conservation of the control of	200 1 1 2 2 2 1		0.00	Copy		•	00
33e	Total average monthly payment. Add lines	33a through 33d	\$	0.00	here	=>   \$ .	0.	.00

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24-61289

**Daniel Eduardo Montoya Zepeda** Case number (if known) 34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents? No. Go to line 35. ☐ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the cure amount). Next, divide by 60 and fill in the information below. Identify property that secures the debt Name of the creditor **Total cure amount** Monthly cure amount  $\div 60 = \$$ -NONE-Сору 0.00 0.00 Total here=> 35. Do you owe any priority claims - such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507. No. Go to line 36. The Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19. Total amount of all past-due priority claims 0.00 ÷ 60 \$ 0.00 36. Projected monthly Chapter 13 plan payment 850.00 Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by 10.00 the Executive Office for United States Trustees (for all other districts). To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Copy total 85.00 85.00 here=> \$ Average monthly administrative expense 85.00 37. Add all of the deductions for debt payment. Add lines 33e through 36. **Total Deductions from Income** 38. Add all of the allowed deductions. Copy line 24, All of the expenses allowed under IRS 6,169.10 expense allowances Copy line 32, All of the additional expense deductions 300.00 Copy line 37, All of the deductions for debt payment 85.00 6,554.10 6,554.10 Total deductions..... Copy total here=>

Debtor 1

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**Daniel Eduardo Montoya Zepeda** Case number (if known) 24-61289 Debtor 1 Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2) Part 2: 39. Copy your total current monthly income from line 14 of Form 122C-1. Chapter 13 12.974.00 Statement of Your Current Monthly Income and Calculation of Commitment Period. 40. Fill in any reasonably necessary income you receive for support for dependent children. The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably 0.00 necessary to be expended for such child. 41. Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as 0.00 specified in 11 U.S.C. § 362(b)(19). 42. Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here => 6,554.10 43. Deduction for special circumstances. If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses. Describe the special circumstances Amount of expense Child's Tutor for English Language Learning 300.00 \$ Сору Total \$ 300.00 300.00 here=> \$ Copy 44. **Total adjustments.** Add lines 40 through 43. 6.854.10 6,854.10 here=> -\$ 6,119.90 45. Calculate your monthly disposable income under § 1325(b)(2). Subtract line 44 from line 39. Part 3: Change in Income or Expenses 46. Change in income or expenses. If the income in Form 122C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 122C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase. Form Line Reason for change Date of change Increase or Amount of change decrease? ☐ Increase 122C-1 One-time sale of real property - not 2 recurring income 06/2024 5,362.95 Decrease □ 122C-2 ☐ 122C-1 ☐ Increase □ 122C-2 ☐ Decrease ☐ 122C-1 ☐ Increase ☐ 122C-2 □ Decrease ☐ 122C-1 ☐ Increase ☐ Decrease ☐ 122C-2

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Debtor 1	Daniel Eduardo Montoya Zepeda	Case number (	(if known)	24-61289
Part 4:	Sign Below			
_				
E	By signing here, under penalty of perjury you de	clare that the information on this statement and i	n any at	ttachments is true and correct.
X	/s/ Daniel Eduardo Montoya Zepeda			
-	Daniel Eduardo Montoya Zepeda Signature of Debtor 1			
	February 11, 2025 MM / DD / YYYY			
	IVIIVI / DD / IIII			

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Debtor 1 Daniel Eduardo Montoya Zepeda Case number (if known) 24-61289

### **Current Monthly Income Details for the Debtor**

### **Debtor Income Details:**

Income for the Period 05/01/2024 to 10/31/2024.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **US ARMY** 

Year-to-Date Income:

Starting Year-to-Date Income: \$32,631.74 from check dated 4/30/2024. Ending Year-to-Date Income: \$78,298.04 from check dated 10/31/2024.

Income for six-month period (Ending-Starting): \$45,666.30 .

Average Monthly Income: \$7,611.05.

### Line 6 - Rent and other real property income

Source of Income: Sales Proceeds of Real Property

Income/Expense/Net by Month:

	Date	Income	Expense	Net
6 Months Ago:	05/2024	\$0.00	\$0.00	\$0.00
5 Months Ago:	06/2024	\$32,177.69	\$0.00	\$32,177.69
4 Months Ago:	07/2024	\$0.00	\$0.00	\$0.00
3 Months Ago:	08/2024	\$0.00	\$0.00	\$0.00
2 Months Ago:	09/2024	\$0.00	\$0.00	\$0.00
Last Month:	10/2024	\$0.00	\$0.00	\$0.00
_	Average per month:	\$5,362.95	\$0.00	
			Average Monthly NET Income:	\$5,362.95

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## UNITED STATES BANKRUPTCY COURT FOR THE WESTERN DISTRICT OF VIRGINIA

In re: Daniel Eduardo Montoya Zepeda	Chapter 13				
	Case No <u>24-61289</u>				
Debtor(s)					
CEPTIFICATION DECARDING AMENDED SCHEDIII ES OD STATEMENTS					

	Debtor(s)						
CEF	RTIFICATION REGARDING AMEND	ED SCHEDULES OR STATEMENTS					
	or(s) filed amended schedules or statement						
¥	These amended schedules or statements do not list any creditors or parties not listed on the matrix originally filed with the petition in this case.						
These amended schedules or statements do add creditors but the creditors are listed on the mailing matrix previously filed with this Court. I have paid the related filing fee for adding the creditors As of the date of this certification the mailing matrix in this case includes all creditors listed on the bankruptcy schedules, as amended.							
	These amended schedules or statements do add creditors, and the creditors were not listed on the mailing matrix previously filed with this Court. Accordingly I have taken the following actions (a) I have updated the mailing matrix to add all creditors not previously listed on the mailing matrix, and as of the date of this certification the mailing matrix in this case includes all creditor listed on the bankruptcy schedules, as amended, (b) I have paid the related filing fee for adding these creditors, and (c) on , I sent the Notice of Bankruptcy and § 341(a) creditors' meeting not to the following creditors in the manner described as follows (add extra pages if necessary):						
I hereby certify that the	ne foregoing is true and correct.						
Date: <b>02/11/202</b>	5	/s/John P. Goetz  John P. Goetz 78514  Counsel for Debtor(s)					
I hereby certify under	r penalty of perjury that the foregoing is tru	ue and correct.					
Debtor (if applicable)  Joint Debtor (if applicable)							